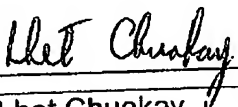


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| <b>To:</b>  | <b>Commissioner for Patents</b>   |  |
|   | Fax. No.  | (571) 273-8300   |
|   | Application No.   | 10/824,738   |
|   | Filing Date:  | April 15, 2004   |
|   | Confirmation No.:   | 6732   |
|   | Examiner:   | Peter G. O'Sullivan  |
|   | Art Unit:   | 1621   |
|   | Attorney Docket No.   | P-097-US2  |
| <b>From:</b>  | <b>Theravance, Inc.</b>   |  |
|   | Attorney:   | Joyce G. Cohen   |
|   | Reg. No. :  | 44,622   |
|   | Customer No.:   | 27038  |
|   | Address:  | 901 Gateway Boulevard<br>South San Francisco, California 94080 |
|   | Telephone No.:  | (650) 808-6144   |
|   | Fax. No.:   | (650) 808-6078   |
| <b>Date:</b>  | April 3, 2006   |  |
| <b>No. of Pages :</b>   | 16 (including this page)  |  |
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PTO/SB/21 (09-04)

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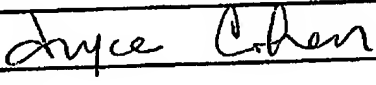
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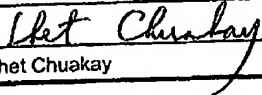
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|  |                      |                        |           |
|--|----------------------|------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br><small>(to be used for all correspondence after initial filing)</small> | Application Number   | 10/824,738             |           |
|  | Filing Date          | April 15, 2004         |           |
|  | First Named Inventor | Jason P. CHINN         |           |
|  | Art Unit             | 1621                   |           |
|  | Examiner Name        | Peter G. O'Sullivan    |           |
| Total Number of Pages in This Submission   | 16                   | Attorney Docket Number | P-097-US2 |

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| <b>Remarks</b>  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |        |
|--|--|----------|--------|
| Firm                                       | Theravance, Inc.   |          |        |
| Signature                                  |  |          |        |
| Printed Name                               | Joyce G. Cohen   |          |        |
| Date                                       | April 3, 2006  | Reg. No. | 44,622 |

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| Typed or printed name   | Lhet Chuakay  |      |               |

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## FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 0

Complete if Known

|                      |                     |
|----------------------|---------------------|
| Application Number   | 10/824,738          |
| Filing Date          | April 15, 2004      |
| First Named Inventor | Jason P. CHINN      |
| Examiner Name        | Peter G. O'Sullivan |
| Art Unit             | 1621                |
| Attorney Docket No.  | P-097-US2           |

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☒ Deposit Account Deposit Account Number: 50-0344 Deposit Account Name: Theravance, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                      | SEARCH FEES |                      | EXAMINATION FEES |                      | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee(\$) | Fee(\$)     | Small Entity Fee(\$) | Fee(\$)          | Small Entity Fee(\$) |                |
| Utility          | 300         | 150                  | 500         | 250                  | 200              | 100                  | _____          |
| Design           | 200         | 100                  | 100         | 50                   | 130              | 65                   | _____          |
| Plant            | 200         | 100                  | 300         | 150                  | 160              | 80                   | _____          |
| Reissue          | 300         | 150                  | 500         | 250                  | 600              | 300                  | _____          |
| Provisional      | 200         | 100                  | 0           | 0                    | 0                | 0                    | _____          |

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

| Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
|--------------|--------------|---------|---------------|
| 5            | -20 or HP= 0 | x 50 =  | 0             |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
|---------------|--------------|---------|---------------|
| 1             | - 3 or HP= 0 | x 200 = | 0             |

HP = highest number of independent claims paid for, if greater than 3.

| Fee (\$) | Fee (\$) |
|----------|----------|
| 50       | 25       |
| 200      | 100      |
| 360      | 180      |

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
| _____                     | _____    | _____         |

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____        | _____        | _____  | _____    | _____         |

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

### SUBMITTED BY

|                   |                       |                                      |               |           |              |
|-------------------|-----------------------|--------------------------------------|---------------|-----------|--------------|
| Signature         | <i>Joyce G. Cohen</i> | Registration No.<br>(Attorney/Agent) | 44,622        | Telephone | (650)8086144 |
| Name (Print/Type) | Joyce G. Cohen        | Date                                 | April 3, 2006 |           |              |

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PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0**Complete If Known**

|                      |                     |
|----------------------|---------------------|
| Application Number   | 10/824,738          |
| Filing Date          | April 15, 2004      |
| First Named Inventor | Jason P. CHINN      |
| Examiner Name        | Peter G. O'Sullivan |
| Art Unit             | 1621                |
| Attorney Docket No.  | P-097-US2           |

**COPY****METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0344 Deposit Account Name: Theravance, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s)  
Under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | _____          |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | _____          |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | _____          |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | _____          |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | _____          |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
| 5            | -20 or HP= 0 | x 50 =   | 0             |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 1             | - 3 or HP= 0 | x 200 =  | 0             |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets  | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|--|----------|---------------|
| _____        | - 100 = _____ | / 50 = _____ (round up to a whole number) x      | =        | _____         |

**Fees Paid (\$)****4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

|                   |                       |                                      |               |           |              |
|-------------------|-----------------------|--------------------------------------|---------------|-----------|--------------|
| Signature         | <i>Joyce G. Cohen</i> | Registration No.<br>(Attorney/Agent) | 44,822        | Telephone | (650)8086144 |
| Name (Print/Type) | Joyce G. Cohen        | Date                                 | April 3, 2006 |           |              |

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Lhet Chuakay

Patent

Attorney Docket No.: P-097-US2

Customer No. 27038

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Jason P. CHINN et al.

Serial No.: 10/824,738

Filed: April 15, 2004

For: SODIUM CHANNEL  
MODULATORS

)  
) Confirmation No. 6732  
)  
) Group Art Unit: 1621  
)  
) Examiner: Peter G. O'Sullivan  
)  
)  
)  
)  
)

AMENDMENT AND RESPONSE PURSUANT TO 37 C.F.R. § 1.111

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants respectfully submit the following amendments and remarks in response to the Office Action mailed on January 12, 2006, for which a three month response period was designated. Therefore, this response is considered timely filed on or before April 12, 2006.

Amendments to the Claims start on page 2.

The Remarks section starts on page 5.